

DEBTOR(S): Powell Valley Health Care, Inc.

MONTHLY OPERATING REPORT
CHAPTER 11

CASE NUMBER: 16-20326

Form 2-A
COVER SHEET

For Period End Date: 01/31/2017

Accounting Method: ☒ Accrual Basis ☐ Cash Basis

THIS REPORT IS DUE 21 DAYS AFTER THE END OF THE MONTH

Mark One Box for Each
Required Document:

Debtor must attach each of the following documents unless the U. S. Trustee
has waived the requirement in writing. File the original with the Clerk of Court.
Submit a duplicate, with original signature, to the U. S. Trustee.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Cash Receipts and Disbursements Statement (Form 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet (Form 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement (Form 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Supporting Schedules (Form 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Quarterly Fee Summary (Form 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Narrative (Form 2-G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Bank Statements for All Bank Accounts (Redact all but last 4 digits of account number and remove check images)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Bank Statement Reconciliations for all Bank Accounts
<input type="checkbox"/>	<input type="checkbox"/>	9. Evidence of insurance for all policies renewed or replaced during month

I declare under penalty of perjury that the following Monthly Operating Report, and any attachments thereto are true, accurate and correct to the best of my knowledge and belief.

Executed on: 2/20/17

Print Name: Michael Long

Signature: 

Title: Chief Financial Officer

DEBTOR(S) Powell Valley Health Care, Inc.

CASE NO:

16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 01/01/2017 to 01/31/2017

CASH FLOW SUMMARY

	<u>Current Month</u>	<u>Accumulated</u>
1. Beginning Cash Balance	\$ <u>2,578,337</u> (1)	\$ <u>3,499,673</u> (1)
2. Cash Receipts		
Operations	5,835,734	34,236,707
Sale of Assets	0	0
Loans/advances	0	0
Other	0	2,170
Total Cash Receipts	\$ <u>5,835,734</u>	\$ <u>34,238,877</u>
3. Cash Disbursements		
Operations	3,828,457	32,806,361
Debt Service/Secured loan payment	0	0
Professional fees/U.S. Trustee fees	0	0
Professional fees paid from retainer (e.g. COLTAF accts)	0	0
Other	0	346,575
Total Cash Disbursements	\$ <u>3,828,457</u>	\$ <u>33,152,936</u>
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)	<u>2,007,277</u>	<u>1,085,941</u>
5 Ending Cash Balance (to Form 2-C)	\$ <u>4,585,614</u> (2)	\$ <u>4,585,614</u> (2)

CASH BALANCE SUMMARY

	<u>Financial Institution</u>	<u>Book Balance</u>
Petty Cash	<u>Powell Valley Healthcare</u>	\$ 2,170
DIP Operating Account	<u>1st Bank Wyo 8425</u>	18,310
DIP State Tax Account		0
DIP Payroll Account	<u>1st Bank Wyo 4501</u>	-629,668
Other Operating Account	<u>1st Bank Wyo See form 2G</u>	5,194,802
Retainers held by professionals (i.e. COLTAF)		0
TOTAL (must agree with Ending Cash Balance above)		\$ <u>4,585,614</u> (2)

(1) Accumulated beginning cash balance is the cash available at the commencement of the case and retainers.
Current month beginning cash balance should equal the previous month's ending balance.

(2) All cash balances should be the same.

Rev. 1/15/14

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 01/01/2017 to 01/31/2017

CASH RECEIPTS DETAIL

Account No:

7301

(attach additional sheets as necessary)

Date	Payer	Description	Amount
01/03/2017	Medicare EFT	Patient/Resident account	51,319.58
01/03/2017	Aetna/Blue Cross	Patient/Resident account	93,632.94
01/03/2017	Cigna	Patient/Resident account	14,158.41
01/03/2017	Other Commercial	Patient/Resident account	234,388.19
01/03/2017	Other	Cash payments	9,143.15
01/03/2017	Other EFT	Patient/Resident account	19,764.93
01/04/2017	Medicare EFT	Patient/Resident account	30,105.77
01/04/2017	Aetna/Blue Cross	Patient/Resident account	20,439.37
01/04/2017	Cigna	Patient/Resident account	5,031.48
01/04/2017	Other Commercial	Patient/Resident account	307.85
01/04/2017	Other	Cash payments	4,641.34
01/04/2017	Other EFT	Patient/Resident account	101,514.30
01/05/2017	Medicare EFT	Patient/Resident account	55,356.38
01/05/2017	Aetna/Blue Cross	Patient/Resident account	0.00
01/05/2017	Cigna	Patient/Resident account	0.00
01/05/2017	Other Commercial	Patient/Resident account	18,789.91
01/05/2017	Other	Cash payments	63,951.06
01/05/2017	Other EFT	Patient/Resident account	54,530.40
01/06/2017	Medicare EFT	Patient/Resident account	16,386.71
01/06/2017	Aetna/Blue Cross	Patient/Resident account	0.00
01/06/2017	Cigna	Patient/Resident account	0.00
01/06/2017	Other Commercial	Patient/Resident account	638.45
01/06/2017	Other	Cash payments	26,201.58
01/06/2017	Other EFT	Patient/Resident account	12,721.69
01/09/2017	Medicare EFT	Patient/Resident account	29,035.47
01/09/2017	Aetna/Blue Cross	Patient/Resident account	15,176.38
01/09/2017	Cigna	Patient/Resident account	34,278.52
01/09/2017	Other Commercial	Patient/Resident account	15,870.83
01/09/2017	Other	Cash payments	4,253.72
01/09/2017	Other EFT	Patient/Resident account	55,375.93
01/09/2017	QRA	Cash payments	1,317,015.00
01/10/2017	Medicare EFT	Patient/Resident account	20,287.16
01/10/2017	Aetna/Blue Cross	Patient/Resident account	145,311.14
01/10/2017	Cigna	Patient/Resident account	10,036.68
01/10/2017	Other Commercial	Patient/Resident account	98,755.55
01/10/2017	Other	Cash payments	75,667.27
01/10/2017	Other EFT	Patient/Resident account	13,459.38
01/11/2017	Medicare EFT	Patient/Resident account	4,194.19
01/11/2017	Aetna/Blue Cross	Patient/Resident account	0.00
01/11/2017	Cigna	Patient/Resident account	5,007.97
01/11/2017	Other Commercial	Patient/Resident account	31,067.30
01/11/2017	Other	Cash payments	7,182.99
01/11/2017	Other EFT	Patient/Resident account	71,808.45
01/12/2017	Medicare EFT	Patient/Resident account	1,142.80
01/12/2017	Aetna/Blue Cross	Patient/Resident account	0.00
01/12/2017	Cigna	Patient/Resident account	0.00
01/12/2017	Other Commercial	Patient/Resident account	5,432.22
01/12/2017	Other	Cash payments	3,944.70
01/12/2017	Other EFT	Patient/Resident account	16,728.98
01/13/2017	Medicare EFT	Patient/Resident account	7,379.80
01/13/2017	Aetna/Blue Cross	Patient/Resident account	0.00
01/13/2017	Cigna	Patient/Resident account	0.00
01/13/2017	Other Commercial	Patient/Resident account	4,343.67
01/13/2017	Other	Cash payments	33,050.50
01/13/2017	Other EFT	Patient/Resident account	10,188.05

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 01/01/2017 to 01/31/2017

CASH RECEIPTS DETAIL

Account No:

7301

(attach additional sheets as necessary)

Date	Payer	Description	Amount
01/16/2017	Medicare EFT	Patient/Resident account	0.00
01/16/2017	Aetna/Blue Cross	Patient/Resident account	24,986.23
01/16/2017	Cigna	Patient/Resident account	0.00
01/16/2017	Other Commercial	Patient/Resident account	3,998.34
01/16/2017	Other	Cash payments	15,495.81
01/16/2017	Other EFT	Patient/Resident account	0.00
01/17/2017	Medicare EFT	Patient/Resident account	12,660.34
01/17/2017	Aetna/Blue Cross	Patient/Resident account	0.00
01/17/2017	Cigna	Patient/Resident account	18,785.78
01/17/2017	Other Commercial	Patient/Resident account	38,846.33
01/17/2017	Other	Cash payments	29,052.79
01/17/2017	Other EFT	Patient/Resident account	361,329.34
01/17/2017	QRA	Cash payments	323,632.00
01/18/2017	Medicare EFT	Patient/Resident account	16,268.59
01/18/2017	Aetna/Blue Cross	Patient/Resident account	89,713.43
01/18/2017	Cigna	Patient/Resident account	23,079.97
01/18/2017	Other Commercial	Patient/Resident account	24,939.30
01/18/2017	Other	Cash payments	20,244.34
01/18/2017	Other EFT	Patient/Resident account	14,522.14
01/19/2017	Medicare EFT	Patient/Resident account	43,341.16
01/19/2017	Aetna/Blue Cross	Patient/Resident account	0.00
01/19/2017	Cigna	Patient/Resident account	0.00
01/19/2017	Other Commercial	Patient/Resident account	1,971.01
01/19/2017	Other	Cash payments	10,912.86
01/19/2017	Other EFT	Patient/Resident account	13,678.57
01/20/2017	Medicare EFT	Patient/Resident account	17,602.45
01/20/2017	Aetna/Blue Cross	Patient/Resident account	0.00
01/20/2017	Cigna	Patient/Resident account	8,238.58
01/20/2017	Other Commercial	Patient/Resident account	3,680.29
01/20/2017	Other	Cash payments	4,878.33
01/20/2017	Other EFT	Patient/Resident account	15,500.07
01/23/2017	Medicare EFT	Patient/Resident account	27,373.13
01/23/2017	Aetna/Blue Cross	Patient/Resident account	6,414.51
01/23/2017	Cigna	Patient/Resident account	129.20
01/23/2017	Other Commercial	Patient/Resident account	78,311.30
01/23/2017	Other	Cash payments	34,393.12
01/23/2017	Other EFT	Patient/Resident account	96,238.98
01/24/2017	Medicare EFT	Patient/Resident account	58,672.99
01/24/2017	Aetna/Blue Cross	Patient/Resident account	0.00
01/24/2017	Cigna	Patient/Resident account	1,202.25
01/24/2017	Other Commercial	Patient/Resident account	259,238.06
01/24/2017	Other	Cash payments	28,460.05
01/24/2017	Other EFT	Patient/Resident account	21,766.13
01/25/2017	Medicare EFT	Patient/Resident account	28,452.62
01/25/2017	Aetna/Blue Cross	Patient/Resident account	0.00
01/25/2017	Cigna	Patient/Resident account	0.00
01/25/2017	Other Commercial	Patient/Resident account	260,440.31
01/25/2017	Other	Cash payments	28,460.05
01/25/2017	Other EFT	Patient/Resident account	25,859.09
01/26/2017	Medicare EFT	Patient/Resident account	18,694.83
01/26/2017	Aetna/Blue Cross	Patient/Resident account	0.00
01/26/2017	Cigna	Patient/Resident account	0.00
01/26/2017	Other Commercial	Patient/Resident account	3,533.87
01/26/2017	Other	Cash payments	8,582.03
01/26/2017	Other EFT	Patient/Resident account	23,377.80

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 01/01/2017 to 01/31/2017

CASH RECEIPTS DETAIL

Account No:

7301

(attach additional sheets as necessary)

Date	Payer	Description	Amount
01/27/2017	Medicare EFT	Patient/Resident account	15,287.70
01/27/2017	Aetna/Blue Cross	Patient/Resident account	0.00
01/27/2017	Cigna	Patient/Resident account	6,625.37
01/27/2017	Other Commercial	Patient/Resident account	14,984.43
01/27/2017	Other	Cash payments	11,418.76
01/27/2017	Other EFT	Patient/Resident account	119,660.41
01/30/2017	Medicare EFT	Patient/Resident account	4,624.94
01/30/2017	Aetna/Blue Cross	Patient/Resident account	11,999.03
01/30/2017	Cigna	Patient/Resident account	4,356.06
01/30/2017	Other Commercial	Patient/Resident account	5,668.91
01/30/2017	Other	Cash payments	10,799.61
01/30/2017	Other EFT	Patient/Resident account	74,088.17
01/31/2017	Medicare EFT	Patient/Resident account	60,307.89
01/31/2017	Aetna/Blue Cross	Patient/Resident account	85,433.06
01/31/2017	Cigna	Patient/Resident account	12,698.89
01/31/2017	Other Commercial	Patient/Resident account	88,976.35
01/31/2017	Other	Cash payments	286,669.55
01/31/2017	Other EFT	Patient/Resident account	6,158.67

Total Cash Receipts

\$ 5,835,734.31 (1)

(1) Total for all accounts should agree with total cash receipts listed on Form 2-B, page 1

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DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT
 For Period: 01/01/2017 to 01/31/2017

CASH DISBURSEMENTS DETAIL
(attach additional sheets as necessary)

Account No:

8425

Date	Check No.	Payee	Description (Purpose)	Amount
01/05/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- auto deposit	579,433.48
01/05/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	14,452.49
01/09/17	EFT	Electronic Funds Transfer	FICA payroll taxes	125,121.44
01/09/17	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	108,345.44
01/09/17	EFT	Electronic Funds Transfer	Trsf to pension act 7901	60,357.32
01/09/17	EFT	Electronic Funds Transfer	Montana state tax	970.00
01/11/17	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	91,220.60
01/11/17	EFT	Electronic Funds Transfer	ACA annual fee (direct withdrawl)	11,621.61
01/16/17	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	75,321.22
01/18/17	EFT	Electronic Funds Transfer	Montana state tax	954.00
01/19/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- aut 4E+06	731,994.44
01/19/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	15,695.15
01/19/17	EFT	Electronic Funds Transfer	Trsf to pension act 7901	84,153.40
01/23/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	1,123.10
01/23/17	EFT	Electronic Funds Transfer	FICA payroll taxes	172,278.30
01/23/17	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	222,093.61
01/23/17	EFT	Electronic Funds Transfer	Trsf to HRA/Flex Spending act 3101	7,250.00
01/23/17	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	73,451.18
01/31/17	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	121,477.24
01/31/17	EFT	Electronic Funds Transfer	Void check - Autodoor	-365.00

4555-4877 Accounts Payable checks See attached check register 1,331,507.98

Total Cash Disbursements \$ 3,828,457.00 (1)

(1) Total for all accounts should agree with total cash disbursements listed on Form 2-B, page 1

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DEBTOR(S): Power Valley Health Care, Inc.

Form 2-C

COMPARATIVE BALANCE SHEET

For Period Ended: 01/31/2017

	Current Month	Petition Date (1)
ASSETS		
Current Assets:		
Cash (from Form 2-B, line 5)	\$ 4,585,614	\$ 4,255,881
Accounts Receivable (from Form 2-E)	7,451,479	8,383,526
Receivable from Officers, Employees, Affiliates	0	0
Inventory	753,320	757,444
Other Current Assets : (List) <u>Pre-paid Expense</u>	1,216,863	865,872
<u>Receivable from legal settlements</u>	11,450,000	11,450,000

Total Current Assets	\$ 25,457,276	\$ 25,712,723
Fixed Assets:		
Land	\$ 0	\$ 0
Building	694,434	694,434
Equipment, Furniture and Fixtures	10,056,575	9,997,873
Total Fixed Assets	10,751,009	10,692,307
Less: Accumulated Depreciation	(8,738,610)	(8,254,973)
Net Fixed Assets	\$ 2,012,399	\$ 2,437,334
Other Assets (List): _____	0	0
_____	0	0
TOTAL ASSETS	\$ 27,469,675	\$ 28,150,057
LIABILITIES		
Post-petition Accounts Payable (from Form 2-E)	\$ 1,553,325	\$ 1,167,152
Post-petition Accrued Profesional Fees (from Form 2-E)	202,240	250,000
Post-petition Taxes Payable (from Form 2-E)	329,141	172,650
Post-petition Notes Payable	132,695	128,056
Other Post-petition Payable(List): <u>see schedul 2G liab</u>	2,740,532	3,405,269
<u>Legal claim reserve</u>	11,750,000	11,750,000
Total Post Petition Liabilities	\$ 16,707,933	\$ 16,873,127
Pre Petition Liabilities:		
Secured Debt	1,061,677	1,153,923
Priority Debt	0	0
Unsecured Debt	912,907	1,415,297
Total Pre Petition Liabilities	\$ 1,974,584	\$ 2,569,220
TOTAL LIABILITIES	\$ 18,682,517	\$ 19,442,348
OWNERS' EQUITY		
Owner's/Stockholder's Equity	\$ 0	\$ 0
Retained Earnings - Prepetition	8,691,606	8,691,606
Retained Earnings - Post-petition	95,552	16,103
TOTAL OWNERS' EQUITY	\$ 8,787,158	\$ 8,707,709
TOTAL LIABILITIES AND OWNERS' EQUITY	\$ 27,469,675	\$ 28,150,057

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-D
PROFIT AND LOSS STATEMENT
For Period 01/01/2017 **to** 01/31/2017

	Current Month	Accumulated Total (1)
Gross Operating Revenue	\$ 6,228,743	\$ 51,994,065
Less: Discounts, Returns and Allowances	(2,159,693)	(20,036,436)
Net Operating Revenue	\$ 4,069,050	\$ 31,957,629
Cost of Goods Sold	<u>3,325,767</u>	<u>28,322,423</u>
Gross Profit	\$ 743,283	\$ 3,635,206
Operating Expenses		
Officer Compensation	\$ 12,928	\$ 125,709
Selling, General and Administrative	0	0
Rents and Leases	87,477	720,004
Depreciation, Depletion and Amortization	61,363	520,609
Other (list): <u>Repairs</u>	58,588	447,831
<u>Insurance</u>	<u>56,712</u>	<u>492,307</u>
Total Operating Expenses	\$ 277,068	\$ 2,306,460
Operating Income (Loss)	\$ 466,215	\$ 1,328,746
Non-Operating Income and Expenses		
Other Non-Operating Expenses	\$ 0	\$ 0
Gains (Losses) on Sale of Assets	0	0
Interest Income	0	0
Interest Expense	-4,459	-36,151
Other Non-Operating Income	<u>0</u>	<u>0</u>
Net Non-Operating Income or (Expenses)	\$ -4,459	\$ -36,151
Reorganization Expenses		
Legal and Professional Fees	\$ 203,409	\$ 1,197,043
Other Reorganization Expense	<u>0</u>	<u>0</u>
Total Reorganization Expenses	\$ 203,409	\$ 1,197,043
Net Income (Loss) Before Income Taxes	\$ 258,347	\$ 95,552
Federal and State Income Tax Expense (Benefit)	<u>0</u>	<u>0</u>
NET INCOME (LOSS)	\$ 258,347	\$ 95,552

(1) Accumulated Totals include all revenue and expenses since the petition date.

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DEBTOR(S):

Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-E (Page 1 of 2)
SUPPORTING SCHEDULES

For Period: 01/01/2017 to 01/31/2017

Summary of Post-Petition Taxes				
Type of tax	1	2	3	4
	Unpaid post-petition taxes from prior reporting month(1)	Post-petition taxes accrued this month (new obligations)	Post-petition tax payments made this reporting month	Unpaid post-petition taxes at end of reporting month (columns 1+2-3)
Federal				
Employee income tax withheld		358,809	222,094	136,715
Employee FICA taxes withheld		153,659	86,138	67,521
Employer FICA taxes		153,659	86,138	67,521
Unemployment taxes				
Other:				
State				
Sales, use & excise taxes	180	45		225
Unemployment taxes	1,575	6,131	7,706	
Other: Worker Compensation	144,850	57,159	144,850	57,158
Local				
Personal property taxes				
Real property taxes				
Other:				
Total unpaid post-petition taxes				329,141

(1) For first report, the beginning balance in column 1 will be \$0; thereafter, beginning balance will be ending balance from prior report.

Insurance Coverage Summary				
Type of insurance	Insurance carrier	Coverage amount	Policy expiration date	Premium paid through date
Workers' compensation	State of Wyoming	Not Applicable	Not Applicable	Not Applicable
General liability	National Fire & Risk/AB Risk, USI Insurance Service	\$1M/\$5M \$5M Umbrella	08/01/2017	03/31/2017
Property (fire, theft, etc.)	Affiliated FM Insurance Company, USI Insurance Service	Bldg \$100m Flood \$75m	08/01/2017	07/31/2017
Vehicle	National Indemnity Company/RPS, Ohio Security Insurance, USI Insurance Service	\$1M auto & \$1m Ambula	08/01/2017	07/31/2017
Other (list): Director & Officer Liability	Darwin National Assurance Co., USI Insurance Service	\$2m	09/07/2017	09/07/2017
Other (list): Internet/Cyber Liability	NAS/Lloyd's of London, USI Insurance Service	\$1m/claim \$1m/agg	09/01/2017	09/01/2017
Other (list): Crime	Travelers Casualty and Surety, USI Insurance Service	\$500,000	08/01/2017	07/31/2017

If any policies were renewed or replaced during reporting period, attach new certificate of insurance.

DEBTOR(S): Powell Valley Health Care, Inc.

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Form 2-E (Page 2 of 2)
SUPPORTING SCHEDULES

For Period: 01/01/2017 00:00 to 01/31/2017 00:00

Accounts Receivable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Pre-petition receivables				290,981	290,981
Post-petition receivables	3,489,682	1,470,829	804,496	1,395,491	7,160,498
Total	3,489,682	1,470,829	804,496	1,686,472	7,451,479

Post-Petition Accounts Payable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Trade Payables	761,365	(998)	3,919	731,995	1,496,281
Other Payables	35,266	4,350	4,350	13,078	57,044
Total	796,630	3,352	8,269	745,073	1,553,325

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS					
	Month-end Retainer Balance	Current Month's Accrual	Paid in Current Month	Court Approval Date	Month-end Balance Due *
Debtor's Counsel	\$159,533	65,864	65,864	1/12/17 & 1/18/17	\$159,533
Counsel for Unsecured Creditors' Committee	27,403	42,707	27,403	1/18/17	\$42,707
Trustee's Counsel					
Accountant					
Other: CKKK		1,815	1,815	1/5/17	
Total	186,936	110,386	95,082		202,240

*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES**			
Payee Name	Position	Nature of Payment	Amount
Michael Long	Chief Financial Officer	Salary/Wages	12,928

**List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer, or director.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-F

QUARTERLY FEE SUMMARY *

For the Month Ended: 01/31/2017

<u>Month</u>	<u>Year</u>	<u>Cash Disbursements **</u>	<u>Quarterly Fee Due</u>	<u>Check No.</u>	<u>Date Paid</u>
January	20 17	\$ 3,828,457			
February	20 17	0			
March	20 17	0			
TOTAL 1st Quarter	\$	<u>3,828,457</u> \$			
April		0			
May	20 16	1,330,126			
June	20 16	3,481,838			
TOTAL 2nd Quarter	\$	<u>4,811,964</u> \$	325 10,075	2,551 2,919	07/19/16 08/22/16
July	20 16	4,385,351			
August	20 16	4,176,264			
September	20 16	3,938,695			
TOTAL 3rd Quarter	\$	<u>12,500,310</u> \$	13,000	3,605	10/18/16
October	20 16	4,223,353			
November	20 16	3,742,311			
December	20 16	4,046,540			
TOTAL 4th Quarter	\$	<u>12,012,204</u> \$	13,000	4,766	01/18/17

FEE SCHEDULE (as of JANUARY 1, 2008)

Subject to changes that may occur to 28 U.S.C. §1930(a)(6)

<u>Quarterly Disbursements</u>	<u>Fee</u>	<u>Quarterly Disbursements</u>	<u>Fee</u>
\$0 to \$14,999.....	\$325	\$1,000,000 to \$1,999,999.....	\$6,500
\$15,000 to \$74,999.....	\$650	\$2,000,000 to \$2,999,999.....	\$9,750
\$75,000 to \$149,999.....	\$975	\$3,000,000 to \$4,999,999.....	\$10,400
\$150,000 to \$224,999.....	\$1,625	\$5,000,000 to \$14,999,999.....	\$13,000
\$225,000 to \$299,999.....	\$1,950	\$15,000,000 to \$29,999,999....	\$20,000
\$300,000 to \$999,999.....	\$4,875	\$30,000,000 or more	\$30,000

* This summary is to reflect the current calendar year's information cumulative to the end of the reporting period

** Should agree with line 3, Form 2-B. Disbursements are net of transfers to other debtor in possession bank accounts

Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]

In addition, unpaid fees are considered a debt owed to the United States and will be assessed interest under 31 U.S.C. §3717

Rev. 1/15/14

DEBTOR(S) Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-G
NARRATIVE

For Period Ending: 01/31/2017

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring accounting transactions that are reported in the financial statements, and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

FORM 2B-1 Line 50, Cash Accounts are made up of General Checking #701, EBMS Checking #6301, Flex Spending #3101, Care Center Resident Trust #2088, Employee Benefit #5601, and Pension #7901. Form 2B-3 Cash Disbursements other of \$15,000 is for vendor deposits made during the period. **Form 2C- Liabilities**, line 38 Other Payables, this line is made up of accrued Provider Incentives \$168,681, Accrued Payroll \$243,646, 3rd Party Receivable/Payable (Medicare Cost Report Settlement) \$(380,711), Assisted Living Room Retainer \$32,500, NH Resident Trust \$7,037, Donations \$508, and Accrued Benefits \$2,668,871. **Form 2D** Officer compensation equals the amount listed on Form 2E. Rent, Depreciation, Interest, Repairs, and Insurance come from facility income statement, all other expenses is combined into cost of goods sold. **Form 2-E pg 2** "Other" fees are for Copenhaver, Kath, Kitchen, & Kolpitcke for non-chapter 11 hospital legal counsel of \$.1,815